



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
PROVIDER PLACEMENT LETTER

Date: _____

FOLD

Dear _____,

I am referring _____ to you for service. Enclosed is the following referral information for your review:

| ENCLOSED | NOT AVAILABLE | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Release of Information, DSHS 14-012(X) |
| <input type="checkbox"/> | <input type="checkbox"/> | Service plan; type: _____ date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial information |
| <input type="checkbox"/> | <input type="checkbox"/> | Health information (per RCW 70.24.105, HBV/HIV status is confidential) |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal information |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational/vocational/other agency records |
| <input type="checkbox"/> | <input type="checkbox"/> | Individual with Challenging Support Issues, DSHS 10-234, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Voluntary Placement Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

Please notify me of your decision within ten (10) working days of receipt of this packet so that we may proceed with discussion of a preplacement visit.

Upon receipt of this letter and packet, please sign this cover letter and return an original signature copy to me.

Please let me know if you need additional information. My telephone number is _____.

Thank you for considering this person for services.

Sincerely,

I have received the referral information for the individual named above. I have not yet accepted the individual for placement.
If the person is not accepted, I will return all referral information to DDD.

PROVIDER'S SIGNATURE

DATE

COPIES TO: Original - Provider Copy - DDD for Client File